

PROJECT NOTE

Site Name: Blades Groundwater Site

City, County, State: Blades, Sussex County, Delaware

Subject: Residential Home Well Surveys

Date: May 3, 2019

Prepared By: Ex. 4 CBI

The attached are Residential Home Well surveys obtained by the EPA Removal program.

HOME WELL SURVEY Property ID : ONT Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available): 1. Well Use: Drinking: Number of Adults Using Well: Children: Years Here: 22 2. Please provide the following information about your well: f. Casing Material (PVC, steel, etc.): g. Storage Tank Used?: , Capacity 10-20
h. Type of Pump: Jet , Capacity d. Name of Well Driller: Do you notice color, taste, or odor problems with your well water? 3. If yes, please explain: Mucky, Jastes Line Please describe any type of water treatment system that you are currently using 4. (check all that apply) Filtration ____ Carbon ___ Softener ___ Other (Chlorination, UV, etc.) Explain: None Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)? 5. If yes, date last added: _____ Approximate amount added: ____ Type of chemical: Please provide sketch of well location (relative to house) below. 6.

Estimated	Potable	Water	Use:	[(# :	adults
				£ (

) + (# children)] * 1 gallon/person per day =

Sample Zone:

Samples Collected: PFCs

FRB

☐ VOCs

Other:

Describe sample location(s):

Kitchen Sink

Purge Time:

Holding Tank Volume: 10-20

Type of Piping: くやいこ

Well Treatment System Description:

Tank -> Pipes

Treatment Equipment Currently In Use:

Treatment Equipment Last Serviced:

Reglaced pump

Propert	y ID : 0142 Date: 2/28/18
	provide the following requested information to the best of your knowledge (we understand that some of the ation may not be available):
1.	Well Use: Drinking: X Other: Children: Years Here: 30 ys
2.	Please provide the following information about your well:
	a. Total Depth: 144 50 f4 b. Well Diameter: 2" c. Depth to Ground Water: 114 d. Name of Well Driller: 114 h. Type of Pump: 34, Capacity 114 h. Type of Pump: 34, Capacity 114
3.	Do you notice color, taste, or odor problems with your well water?
	YesNo
	If yes, please explain:
4.	Please describe any type of water treatment system that you are currently using (check all that apply) Filtration Carbon Softener Other (Chlorination, UV, etc.) Explain: Carbon Softener Other (Chlorination, UV, etc.)
	Expans
5.	Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)? YesNo
	If yes, date last added: Approximate amount added: Type of chemical:
6.	Please provide sketch of well location (relative to house) below.

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M.E D.K

Field Team Assessment Form:

Estimated Potable Water Use: [(# adults)) + (# children)] * 1 gallon/person pe	er day =
Sample Zone:			
Samples Collected: PFCs FRB	☐ VOCs	Other:	
Describe sample location(s): Sutrice specket, (for Outside are one	Public Wat	ter in house,	Well
Purge Time: /O			
Holding Tank Volume: MA			
Type of Piping: QUC			

Well Treatment System Description:

Tark-> Pipos

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

Now pump 74.4

HOME WELL SURVEY Property ID : _()|48 Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available): Drinking: _____ Other: _____ Children: _____ 1. Well Use: Years Here: 3540 Please provide the following information about your well: 2. a. Total Depth: 100 ft

b. Well Diameter: 2"

c. Depth to Ground Water: MA

d. Storage Tank Used?: 1, Capacity

d. Name of Well Driller: MA

h. Type of Pump: 5et, Capacity Do you notice color, taste, or odor problems with your well water? 3. If yes, please explain: 4. Please describe any type of water treatment system that you are currently using (check all that apply) Softener Other (Chlorination, UV, etc.) Carbon Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)? 5. If yes, date last added: _____ Approximate amount added: _____ Type of chemical: Please provide sketch of well location (relative to house) below. 6.

Estimated Potable Water Use: [(# adults 2) + (# children)] * 1 gallon/person per day = 2

Sample Zone:

Samples Collected:

FRB

☐ VOCs

Other:

Describe sample location(s):

Kitchen Sink

Purge Time: 10

Holding Tank Volume: $\mathcal{L}^{\mathcal{U}}$

Type of Piping:

Well Treatment System Description:

Tank-> Pipes

Treatment Equipment Currently In Use:

Treatment Equipment Last Serviced:

Propert	y ID :	10 Date: 2/16/18
	provide the follow ation may not be	ing requested information to the best of your knowledge (we understand that some of the available):
1.	Well Use:	Drinking: Other: Children: Years Here: 35
2.	Please provide the	e following information about your well:
	a. Total Depth:b. Well Diametec. Depth to Grodd. Name of Well	e. Date Well was Drilled: ~20 Yf5 f. Casing Material (PVC, steel, etc.): Pvc und Water: NH g. Storage Tank Used?:, Capacity ZO h. Type of Pump:, Capacity
3.		lor, taste, or odor problems with your well water?
	Xes No	
	If yes, please exp	lain:
4.	(check all that app	ny type of water treatment system that you are currently using ply) CarbonSoftenerOther (Chlorination, UV, etc.)
5.	Do you regularly	or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?
	If yes, date last ac	dded: Approximate amount added:
6.	Please provide sk	tetch of well location (relative to house) below.

Field	Team	Assessment For	. 1111
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(8)	7	•	,	

Estimated Potable Water Use: [(# adults 2) + (# children)] * 1 gallon/person per day =	
Sample Zone:				
Samples Collected: PFCs	☑ FRB	☐ VOCs	Other:	
Describe sample location(s):				
Kitchen	Sink			

Purge Time: 10 min

Holding Tank Volume: 20

Type of Piping:

Well Treatment System Description:

tank -7 Pipes

Treatment Equipment Currently In Use:

None

Treatment Equipment Last Serviced:

No New everything ~20 yrs

Property	y ID : <u>017</u>	<u>3</u> D	ate:	2/16/18	
	provide the follow ation may not be		of your	knowledge (we understand that some of the	he
1.	Well Use:	Drinking: 13.41e Other Number of Adults Using Well: Years Here: 1997	r:	Children:	
2.	Please provide the	e following information about your w	vell:		
	a. Total Depth:b. Well Diametec. Depth to Grod. Name of Wel	und Water: g.	Storage 7	ell was Drilled:, 90 's	
3.	Do you notice col	lor, taste, or odor problems with your	r well wa	ater?	
	Yes No If yes, please exp	lain: Strong Water			
4.	(check all that approximation)		r _	Other (Chlorination, UV, etc.)	
5.	Do you regularlyYes	or have you added chemicals directly	y to your	r well (i.e., chlorine, Clorox, etc.)?	
	If yes, date last ac Type of chemical	dded: Approximate		added:	
6.	Please provide sk	tetch of well location (relative to house	se) belov	w.	

M.E
5.8

T7 - 4 ! 4 - 4	D - 4 - 1 - 1 -	***	T T	ги	11
Estimated	Potable	water	Use:	[(#	adui

lts 7) + (# children)] * 1 gallon/person per day = ?

Sample Zone:

Samples Collected: PFCs

☐ VOCs

Other:

Describe sample location(s):

Kitchen

Purge Time:

Holding Tank Volume:

NA

Type of Piping: PVC,

Well Treatment System Description:

tank-7 Pipes

Treatment Equipment Currently In Use:

Treatment Equipment Last Serviced:

New everything with New Well

Property	y ID: 0186	<u>2</u>	Date: 2/16/18	
	provide the followir ation may not be a	ng requested information to the best vailable):	t of your knowledge (we und	derstand that some of th
1.	Well Use:	Orinking: Other Number of Adults Using Well: Years Here:50 //5	er: Children:	
2.	Please provide the	following information about your		
	a. Total Depth: _b. Well Diameterc. Depth to Groudd. Name of Well	## e. f. nd Water: Driller: h.	Date Well was Drilled: Casing Material (PVC, steel Storage Tank Used?: Type of Pump:	1985 I, etc.): <u> </u>
3.	Do you notice colo	or, taste, or odor problems with you	nr well water?	
	Yes No			
	If yes, please expla	ain:		
4.	(check all that app			ination, UV, etc.)
	Explain: None	CarbonSoftene		
	1			
5.	Do you regularly o	or have you added chemicals direct	ly to your well (i.e., chlorine	, Clorox, etc.)?
		ded: Approximat	e amount added:	
6.	Please provide ske	etch of well location (relative to hou	use) below.	
		X		

	M.E
Field Team Assessment Form:	5.8

Estimated Potable Water Use: [(# adults 2) + (# children)] * 1 gallon/person per day = 2

Sample Zone:

Samples Collected: PFCs FRB VOCs Other:

Describe sample location(s):

Kitchen Sonk

Purge Time: 10

Holding Tank Volume: ~ 20

Type of Piping: PUC

Well Treatment System Description:

Non

Treatment Equipment Currently In Use:

Von

Treatment Equipment Last Serviced:

None

Proper	ty ID: 019	Date:	7/18
Please inform	provide the follow	ving requested information to the best of your known available):	vledge (we understand that some of the
1.	Well Use:	Drinking: Other: Wind Well: 7 Child Years Here: 2 months	 Iren:
2.	Please provide the	ne following information about your well:	
	a. Total Depth:b. Well Diametec. Depth to Grod. Name of Wel	ound Water: g. Storage Tank	rial (PVC, steel, etc.): Used?:, Capacity p:, Capacity
3.	Do you notice col	olor, taste, or odor problems with your well water?	
	Yes No	Join	
	ii yes, piease exp	olain:	
4.	(check all that approper check all the check all the approper check all the check	my type of water treatment system that you are curreply) CarbonSoftener	Other (Chlorination, UV, etc.)
5.	Do you regularly Yes	or have you added chemicals directly to your well No	(i.e., chlorine, Clorox, etc.)?
	If yes, date last ac Type of chemical	dded: Approximate amount added:	d:
6.	Please provide ske	tetch of well location (relative to house) below.	

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Estimated	Potable	Water	Use:

[(# adults 2) + (# children)] * 1 gallon/person per day =
$$\geq$$

Sample Zone:

Samples Collected:

TINEC.
@PFC8

FRB

VOC
 ,

Describe sample location(s):



Purge Time:

Holding Tank Volume: 20

Type of Piping:

Well Treatment System Description:

Tank-> Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

Propert	ty ID : <u>(020</u>	9		Date:	19/18	•	_
Please inform	provide the following the may not be	ing requested information available):	on to the be	st of your knov	wledge (we ui	nderstand that s	ome of the
1.	Well Use:	Drinking:Number of Adults Usin Years Here:	ng Well:	er:Child	 lren:		
2.	Please provide the	e following information	about your	well:			
	c. Depth to Grou	er:und Water: l Driller:	e. f. g. h.	Storage Tank	Used?:	NA el, etc.): PVC _, Capacity ZC _, Capacity)
3.	Do you notice col	or, taste, or odor proble	ms with yo	ur well water?			į
	Yes No						
	If yes, please expl	lain:					
4.	(check all that approximation)	ny type of water treatme oly) Carbon	Soften	er	Other (Chlo	rination, UV, etc	.)
5.	Do you regularly Yes	or have you added chem	nicals direc	ily to your well	l (i.e., chloring	e, Clorox, etc.)?	
	If yes, date last ac Type of chemical	lded:	Approxima	te amount adde	ed:		
6.	Please provide sk	etch of well location (re	lative to ho	use) below.			
		X /					

Estimated Potable Water Use: [(# adults 2) + (# children)] * 1 gallon/person per day = 2

Sample Zone:

Samples Collected:

□ PFCs

| FRB

VOCs

Other:

Describe sample location(s):

Kitchen Sink

Purge Time: 10 min

Holding Tank Volume: 20

Type of Piping:

PUC

Well Treatment System Description:

Tank-7 Paripes

Treatment Equipment Currently In Use:

Treatment Equipment Last Serviced:

of the

Property	y ID: 07	4)	·	Date:	02/21/	2018
	provide the follow ation may not be	•		•		and that some
1.	Well Use:	Drinking: Years Here: 4 years	Oth s Using Well: 1	er: Children	: 1	
		e following inform			6	VA 1.
	a. Total Depth:b. Well Diametc. Depth to Grod. Name of We	er: und Water: Il Driller:	e. f. g. h.	Date Well was D Casing Material Storage Tank Us Type of Pump:	(PVC, steel, etc.):
3.	Do you notice co	lor, taste, or odor p	problems with yo	ur well water?		
	No No If yes, please exp	lain:				
4.	(check all that ap Filtration	Carbon	Soften	erO	ther (Chlorination	
	Explain: WH					
5.		or have you added		• •	e., chlorine, Clor	rox, etc.)?
	If yes, date last a Type of chemica	dded: l:	Approxima	te amount added: _		
6.	Please provide sl	ketch of well location	on (relative to ho	ouse) below.		
			17	/		

			Page 19 01 23
Field Team Assessment Form: M. F. 3. F.			
Estimated Potable Water Use: [(# adults)) + ((# children /)] * 1 gallon/p	erson per day = Z
Sample Zone:			
Samples Collected: PFCs FRB	☐ VOCs	Other:	
Describe sample location(s): Kitchen Sink			
Purge Time: 10			
Holding Tank Volume: NA			
Type of Piping: NA			
Well Treatment System Description: WA			
Treatment Equipment Currently In Use:			
UA			

Treatment Equipment Last Serviced:

Property	y ID : 026	.3	Date:	122/18	
	provide the follows	ing requested information to the base available):	est of your know	wledge (we understand	l that some of the
1.	Well Use:	Drinking: Ot Number of Adults Using Well: Years Here: 15 yc	her: Child		
2.	Please provide the	e following information about you	ır well:		
	a. Total Depth:b. Well Diametec. Depth to Groundd. Name of Well	er: / f. und Water: _ (g.	Casing Mate Storage Tank	as Drilled: A land as Drilled: A land as Drilled: A land a	ρνς ty_5
3.	Do you notice col	lor, taste, or odor problems with ye	our well water?		
	Yes No				
	If yes, please exp	lain:			
4.	(check all that approximation) Filtration	Carbon Softe	ener	Other (Chlorination,	UV, etc.)
	Explain://	ne			
5.	Do you regularlyYes	or have you added chemicals dire	ctly to your wel	l (i.e., chlorine, Clorox,	, etc.)?
	If yes, date last as Type of chemical	dded: Approxim		ed:	
6.	Please provide sk	tetch of well location (relative to h	iouse) below.		
	·				

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Field Team Assessment Form:

Estimated Potable Water Use: [(# adults 2) + (# children 2)] * 1 gallon/person per day =

Sample Zone:

Samples Collected:

□ PFCs

FRB

☐ VOCs

Other:

Describe sample location(s):

Kitchen Sink

Purge Time: 10

Holding Tank Volume:

Type of Piping: (VC

Well Treatment System Description:

tank -> Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

NA

Property	$\sqrt{1D}$: Date: $\sqrt{\frac{18}{6}}$
	provide the following requested information to the best of your knowledge (we understand that some of the ation may not be available):
1.	Well Use: Drinking: Other: Children: Years Here: ~ 20 yr
	Please provide the following information about your well: a. Total Depth: e. Date Well was Drilled: b. Well Diameter: f. Casing Material (PVC, steel, etc.): c. Depth to Ground Water: g. Storage Tank Used?:, Capacity d. Name of Well Driller: h. Type of Pump:
	Do you notice color, taste, or odor problems with your well water? Yes No If yes, please explain: hend tolsa with Ice
4.	Please describe any type of water treatment system that you are currently using (check all that apply) Filtration Carbon Softener Other (Chlorination, UV, etc.) Explain: Carbon Softener Other (Chlorination, UV, etc.)
5.	Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)? YesNo If yes, date last added: Approximate amount added:
6.	Type of chemical: Please provide sketch of well location (relative to house) below.
	. X.

M.E D.K

Field Team Assessment Form:

Estimated Potable Water Use: [(# adults /) + (# children)] * 1 gallon/person per day = \mathcal{U}
Sample Zone:	
Samples Collected: PFCs FRB VOCs	Other:
Describe sample location(s):	
Kitchen Sink	

Purge Time: \mathcal{W}

Holding Tank Volume:

Type of Piping: NA

Well Treatment System Description:

Tand-7 Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

NA